CHULA VISTA POLICE DEPARTMENT HOLISTIC HEALTH PRACTITIONER/MASSAGE TECHNICIAN RENEWAL APPLICATION

NAME:			
Last Name of Pawnshop:	First	M 	
ADDRESS:			
HOME #:	we	ORK #:	
EMAIL ADDRESS			
CRIMINAL CONVICTIONS IN TH (If yes, please list on back side of		S: YES	NO
EXPIRATION DATE OF PERMIT	`:	DATE OF BIRTH: _	
SOCIAL SECURITY #:	CD	L#:	
WEIGHT: HEIGHT:	HAIR COLOR:	EYE COLOR:	AGE:
Two 2x2 plCertificateNational Co	hotos taken in the for 12 hrs of contil	nuing education.	Vista.
If permit is EXPIRED MOR application must be submitted		•	trolled License
YOU MAY NOT OPPERA' VALID POLICE CONTROLL			TA WITHOUT A
I CERTIFY THAT THE INFO STRUE AND ACCURATE.	ORMATION PROV	/IDED ON THIS AP	PLICATION IS
SIGNATURE:			DATE

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

ALL FEES ARE NON REFUNDABLE.

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.

4C REV 08/10 lg